

PLEASE READ THE STATEMENT BELOW COMPLETELY

The form below is intended for **ONLY** Annual Backflow Calibration Tests for High-Hazard Devices and the 10 Year City Mandated Calibration Test for Irrigation Systems. Forms for Backflow permits and new installation inspections must be obtained from the Building Inspection Division located at 2008 Enterprise Drive / Round Rock, TX 78664. The attached form will be rejected if submitted for a new installation inspection. For questions regarding the Backflow permit and/or the new installation inspection of a backflow system, please contact the Building Inspection Division at 512.218.5550. For questions regarding the Backflow System Annual Inspection and/or to find out when a backflow annual inspection is required, please contact the Utility Support Division at 512.218.5555.



WATER AND WASTEWATER UTILITY CROSS CONNECTION SECTION TEST AND MAINTENANCE REPORT

Account # _____

Company Name: _____

Address: _____

City, St. and Zip: _____

Telephone _____ ☐ Certified Fire Line Contractor

Annual Test ☐
Semiannual Test ☐
Fire Line Test ☐
Address: _____ **Email:** _____

Owner/Business Name: _____ **Phone #** _____

Model Number: _____ **Size:** _____

Device Location: _____ **Serial Number:** _____

Manufacturer: _____

Reason Device is Installed: _____

	REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE VACUUM BREAKER		
	DOUBLE-CHECK ASSEMBLY		Relief Valve	Air Relief	Check Valve
	1st Check	2nd Check			
Initial Test	DC Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSI _____ RPZ _____ PSID	Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/> PSI _____	Opened at _____ PSID	Opened at _____ PSID Did not open <input type="checkbox"/>	Closed at _____ PSID Did not close <input type="checkbox"/>
Materials & Repairs					
Test After Repairs	DC Closed tight <input type="checkbox"/> PSI _____ RPZ _____ PSID	Closed tight <input type="checkbox"/> PSI _____	Opened at _____ PSID	Opened at _____ PSID	Closed at _____ PSID

The above is certified to be true.
Gauge Sr. #: _____

Property Owner/Occupant: _____ **Certified Tester (Signature):** _____

Mailing Address: _____ **Tester Name (Print):** _____

City _____ **State** _____ **Zip** _____ **Tester Cert #:** _____

Owner/Contact: _____ **Date:** _____

Please forward this report to :
Public Works, Backflow Prevention Dept., 910 Luther Peterson Place, Round Rock TX 78664 Fax: 512-218-7088
backflow@roundrocktexas.gov